

Case Number:	CM13-0072599		
Date Assigned:	01/17/2014	Date of Injury:	08/07/2013
Decision Date:	06/19/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/31/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Acupuncture, has a subspecialty in Addiction Detoxification and is licensed to practice in New York. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a female employee who has filed an industrial claim for left wrist sprain, left elbow contusion, lumbago and spondylolisthesis. These injuries cause the applicant pain, numbness and tingling. EMG/NCV diagnostic testing shown positive for carpal tunnel syndrome with only sensory fibers affected. The injury occurred on August 7, 2013. On October 21, 2013 the pain management doctor reported the applicant's pain level at an 8/10 for her left elbow, bilateral hands, low back and wrist pain. The mechanism of injury is unclear. Treatment included prior acupuncture sessions (6), pain and anti-inflammatory medication, pain management, physical therapy, multiple x-rays of the lumbar spine, left wrist and left elbow, no fractures present, ice/hot packs and back supports. The most recent treating physician's progress note dated December 5, 2013, reports the patient is better, but has tenderness of the wrist and weakness of the upper extremity. He goes on to report "Doing well with acupuncture", and then is requesting additional acupuncture. In the utilization review report, dated December 16, 2013 the UR determination did not approve these additional six sessions of acupuncture noting "functional benefits are not discussed from the acupuncture to date".

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

ACUPUNCTURE 2 TIMES A WEEK FOR 3 WEEKS FOR THE LEFT WRIST, LEFT ELBOW AND LOW BACK: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACUPUNCTURE MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: A request for additional acupuncture is evaluated based on the California MTUS Guidelines recommendations for acupuncture, which includes the definition of "functional improvement". The applicant received an initial round of acupuncture care of six visits approved based on these guidelines. Medical necessity for any further acupuncture treatments is assessed in light of "functional improvement". After combing through provided medical records it is evident, the treating physician neglected to provide clinically significant improvement in the applicant's daily living. As defined by the California MTUS Guidelines the additional six sessions of acupuncture therapy are not medically necessary.